# MEDICAL CERTIFICATE

1. ATHLETE INFORMATION

|  |  |  |
| --- | --- | --- |
| Surname: | | |
| Given Name(s): | | |
| Country: | | Postal Code: |
| Passport No.: | | |
| Tel. No.: | Email: | |
| Address: | | |
| Discipline: □ Sanda \_\_\_\_\_kg □ Light Sanda \_\_\_\_\_kg □ Taolu | | |

2. QUESTIONS FOR ATHELETE (Attach relevant documents if you answered ‘yes’ to any of the following)

|  |  |
| --- | --- |
| Is a doctor currently treating you? |  |
| Have you ever been unconscious or had a concussion? |  |
| Have you been hit hard in the head in the last 6 months? |  |
| Have you had any headache in the last 2 weeks? |  |
| Do you have any problems with bleeding? |  |
| Have you had any surgery? |  |
| Do you have any medical condition? |  |

**3. MEDICAL EXAMINATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Body part | Examination | Result | | Notes |
| Head | Cranial nerves, eyes, pupil size and reactivity. Fundi. Vision by chart. | Normal | Abnormal |  |
| Mouth, teeth, throat | Normal | Abnormal |  |
| Ears | Normal | Abnormal |  |
| Temporomandibular joint | Normal | Abnormal |  |
| Neck | Cervical spine, lymph nods | Normal | Abnormal |  |
| Chest | Breath sounds, rib, tenderness on compression | Normal | Abnormal |  |
| Neurological System | Reflexes | Normal | Abnormal |  |
| Verbal responses | Normal | Abnormal |  |
| Motor responses and balance | Normal | Abnormal |  |
| Cardiovascular System | Heart rate | Normal | Abnormal |  |
| Blood pressure | Normal | Abnormal |  |
| Heart examination: electrocardiogram (ECG) Test | Normal | Abnormal |  |
| Medications Used | Name and dosage | Yes | No |  |

4. DOCTOR CONFIRMATION

|  |
| --- |
| I confirm that the Athlete is □ fit/ □ NOT fit to participate in the competition.  Signature and medical stamp:  Place/Date: |